



# CITY OF MEMPHIS LIFE INSURANCE ENROLLMENT/CHANGE FORM (Contributory Life Insurance)

☐ New Enrollment☐ Update Beneficiary☐ Cancel Coverage

DEPT	SOCIAL SECURITY #	LAST	FIRST	MIDDLE	MO	DAY	YR	MO	DAY	YR	SEX
		EMPLOYEE NAME			DATE OF BIRTH			DATE OF HIRE			

## IT IS YOUR RESPONSIBILITY TO KEEP YOUR BENEFICIARY CURRENT

**▲Contributory Life Insurance (Optional)** Available to all City of Memphis full-time employees, coverage amount is equal to 1.5 times the annual base salary at a monthly cost of .18/\$1,000 of coverage. Coverage begins reducing at age 65 or upon retirement to \$3,000.

Please check one:

- ☐ I wish to enroll in the Contributory Life insurance. You are eligible for \$ \_\_\_\_\_ at a cost \$ \_\_\_\_\_ per pay period
- ☐ I **DO NOT** wish to enroll in the Contributory Life insurance
- ☐ Reserve Officers -You are eligible to receive only **\$3,500** life insurance at no cost to you
- ☐ School Crossing Guards - You are required to enroll with **\$3,500** at a cost of **44¢** per pay period

**\*If a minor or estate of the insured is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid. Please take this into consideration when naming your beneficiary.**

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

**Contingent Beneficiary:** Contingent Beneficiary(ies) will be used only if primary beneficiary is deceased.

NAME, ADDRESS, TELEPHONE NUMBER OF BENEFICIARY(IES)	DATE OF BIRTH	SOCIAL SECURITY #	RELATIONSHIP TO EMPLOYEE (Spouse, parent, etc)
	/ /	- -	
	/ /	- -	
	/ /	- -	

I understand that the above named beneficiaries are for City of Memphis Life Policies, for which I am currently enrolled and I authorize payroll deductions if contributory (optional) life was selected.

SIGNATURE

DATE

NOTARIZED SIGNATURE OR BENEFITS REPRESENTATIVE

DATE